



Texas Juvenile Justice Department

**Service Provider's  
Program Components  
& Narrative  
Documents  
FY'18**



# TEXAS JUVENILE JUSTICE DEPARTMENT

## CONTRACT PROVIDER INFORMATION

Name of Contract Provider: <b>Pegasus Schools, Inc.</b>		Address: <b>896 Robin Ranch Road, Lockhart, TX 78644</b>	
Name of Operating Entity: <b>Pegasus Schools, Inc.</b>		Address: <b>896 Robin Ranch Road, Lockhart, TX 78644</b>	
Phone: <b>512-376-2101</b>	Fax: <b>512-398-2760</b>	Website: <b>pegasusschool.net</b>	
Service Provider:			
<input checked="" type="checkbox"/> Non-Profit		<input type="checkbox"/> For Profit	
		<input type="checkbox"/> Government Entity	
Hub <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, attach copy of HUB certification	

Contract Provider Owner or President: <b>Robert Ellis, CEO</b>		
Organization Type: <b>General Residential Operation</b>		
Program Administrator: <b>Eric DeHoyos</b>		
Program Administrator Phone Number: <b>512-376-2101</b>	Program Administrator Cell #: <b>512-738-0606</b>	Program Administrator Email Address: <b>eric.dehoyos@pegasusschool.net</b>

NOTE: Contract Owner or President must complete the Fingerprint and Background Check requirements outlined in the contract agreement even if he/she will not be working directly with TJJD youth and/or reviewing their records

Facility Capacity: <b>200</b>	Gender(s): <b>Male</b>	Age Range: <b>10-17</b>
Video Monitoring System <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, # of cameras <b>228</b> Length of time surveillance footage will be stored <b>One month</b>		

### Rehabilitative/Specialized Treatment Provided:

\*name of curriculum for specialized treatment, specialized treatment type (e.g. drug treatment, mental health, anger management) category of service (i.e. individual, group, family) and duration of service (e.g. 1 session/week for 1 hour for 10 weeks) must be documented in Statement of Work (SOW) Narrative/Program Components Document OR on the attached supplemental specialized treatment form

<input checked="" type="checkbox"/> On-Site Education	<input type="checkbox"/> Vocational
<input type="checkbox"/> GED Preparation and Testing	<input type="checkbox"/> Independent Living Preparation
<input checked="" type="checkbox"/> Aggression Replacement Training	<input checked="" type="checkbox"/> Alcohol & Other Drugs Treatment*
<input checked="" type="checkbox"/> Anger Management Program*	<input checked="" type="checkbox"/> Sex Offender Treatment*
<input type="checkbox"/> Independent Living Preparation	<input type="checkbox"/> Gang Intervention Services**
<input checked="" type="checkbox"/> Mental Health Treatment*	<input checked="" type="checkbox"/> Family Counseling
<input checked="" type="checkbox"/> Individual Counseling	
<input type="checkbox"/> Other Services [specify here]: <b>*Trauma Treatment</b>	

# TEXAS JUVENILE JUSTICE DEPARTMENT

## ACKNOWLEDGMENTS

I, Robert Ellis, acknowledge that all items listed below are current and/or in place at Pegasus Schools, Inc. If TJJD has any questions related to these matters, I can be reached via phone at 512-432-1626.

- |                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1) Pegasus Schools, Inc. staff, contractors (to include teachers) and volunteers have completed the TJJD fingerprint and background check process, and have been fingerprinted prior to working with the TJJD youth population and/or reviewing their records <input checked="" type="checkbox"/> Yes |
| 2) Pegasus Schools, Inc. staff, contractors and volunteers working with TJJD youth have received initial, annual, and/or refresher training as per the licensing/certification entity standards <input checked="" type="checkbox"/> Yes                                                               |
| 3) Pegasus Schools, Inc. participates in the federal school lunch program <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A                                                                                                                                                        |
| 4) Pegasus Schools, Inc. has completed a Prison Rape Elimination Act (PREA) audit by August 31, 2016 and will make every effort to maintain compliance with the PREA standards in fiscal year 2018 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A-Foster Care Program           |
| 5) Pegasus Schools, Inc. allows TJJD youth at least one free phone call per week to his/her parent/guardian <input checked="" type="checkbox"/> Yes                                                                                                                                                   |
| 6) Pegasus Schools, Inc. has provided the TJJD Youth Services Contracts Manager with all audit, monitoring, and investigation reports conducted by non-TJJD entities in FY'17 [9/1/16-8/31/17] <input checked="" type="checkbox"/> Yes                                                                |

  
Signature

06/07/2017

Date

Chief Executive Officer

Title



# TEXAS JUVENILE JUSTICE DEPARTMENT

## CONTRACT PROVIDER SPECIALIZED TREATMENT SERVICES

NOTE: complete separate form for each service type

Name of Contract Provider: Pegasus Schools, Inc.	Fiscal Year: 2018
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Specialized Treatment Services Type(s): ☐ Alcohol & Other Drugs ☐ Mental Health ☐ Anger Management ☐ Sex Offender ☐ Other: Please Specify

Name of Curriculum: Aggression Replacement Training

Description of Service: This treatment modality utilizes social skills training, anger control training, and moral reasoning to teach clients more appropriate manners in which to address their emotions instead of allowing them to manifest as anger and aggression.

Category of Service:	Duration of Service:
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> 3 session/week for 1 hour(s) for 10 weeks
<input checked="" type="checkbox"/> Group	<input type="checkbox"/> session/month for hour(s) for months
<input type="checkbox"/> Family	<input type="checkbox"/> Other:

Treatment Provider Name: Elroy Steen, Ramsey Calderon, Fred Carter, Jody Mosier, Jacob Castillo, Abel Olivares

☒ Contractor Employee ☐ Subcontractor

TJJD Approver Typed Name:	TJJD Approval Date: 7/10/17
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Attachment B

X Kimble Newsom

Kimble Newsom, TJJD  
Youth Services Contracts Manager



# TEXAS JUVENILE JUSTICE DEPARTMENT

## CONTRACT PROVIDER SPECIALIZED TREATMENT SERVICES

NOTE: complete separate form for each service type

Name of Contract Provider: <b>Pegasus Schools, Inc.</b>	Fiscal Year: <b>2018</b>
---------------------------------------------------------	--------------------------

Specialized Treatment Services Type(s): ☐ Alcohol & Other Drugs ☐ Mental Health ☐ Anger Management ☐ Sex Offender ☐ Other: Please Specify

Name of Curriculum: **Living in Balance**

Description of Service: **The Living in Balance Program is designed as a practical instructional system for conducting treatment sessions for persons who abuse or are addicted to alcohol or other drugs. The program centers on sets of interactive client worksheets. Each client worksheet represents a program session. Through these client worksheet sets, clients read and learn information and engage in a variety of written exercises designed to reinforce the information.**

Category of Service:	Duration of Service:
<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> 2 session/week for 1 hour(s) for 12 weeks
<input checked="" type="checkbox"/> Group	<input checked="" type="checkbox"/> session/month for hour(s) for months
<input type="checkbox"/> Family	<input type="checkbox"/> Other:

Treatment Provider Name: **John Conboy**

☐ Contractor Employee ☒ Subcontractor

TJJD Approver Typed Name:	TJJD Approval Date: <b>7/10/17</b>
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Attachment B

X 

Kimbra Newsom, TJJD

Youth Services Contracts Manager



# TEXAS JUVENILE JUSTICE DEPARTMENT

## CONTRACT PROVIDER SPECIALIZED TREATMENT SERVICES

NOTE: complete separate form for each service type

Name of Contract Provider: <b>Pegasus Schools, Inc.</b>	Fiscal Year: <b>2018</b>
---------------------------------------------------------	--------------------------

Specialized Treatment Services Type(s): ☐ Alcohol & Other Drugs ☐ Mental Health ☐  
 Anger Management ☐ Sex Offender ☐ Other: Please Specify

Name of Curriculum: **Sexual Behavior Treatment**

Description of Service: **Phases I & II: Orientation and Integration**

❖ **Description of Phase I:**

- The Orientation Phase of the Pegasus Program consists of a set of interventions targeted at settling the resident into the milieu and raising his awareness of key issues he will address throughout his episode of care. Each resident is enrolled in the on-campus charter school and attends an orientation class 1 hour each day. This phase introduces the resident to the concepts of thinking errors, self control and anger management techniques, problem solving skills, healthy and inappropriate sexual behavior, and the offender cycle. Once a resident has a general understanding of these key concepts (about 4-6 weeks), the resident begins attending sex offense specific treatment group twice weekly. The focus of treatment in this phase is taking an inventory of life experiences and the development of sexual, gender and relational attitudes. Other major treatment issues at this stage include exposing secrets and confronting the numerous thought distortions residents often use to mask their feelings and avoid responsibility for their offending behavior.

❖ **Description of Phase II:**

- The Integration Phase of the program is identified by an increased expectation that the resident begin demonstrate a willingness to utilize the tools learned during the orientation phase. Residents continue the twice weekly sex offense specific groups with the increased expectation for responsibility and accountability. In group, the resident continues to be challenged with breaking through denial and secrets. In addition, he is confronted with the primary task of detailing his sexual history and examining and reducing the thinking errors.

**Phases III & IV: Application and Transition**

❖ **Description of Phase III:**

- This phase is where a resident will take his first polygraph examination (when appropriate). For this reason it is expected the resident will have completed making all disclosures of persons he has victimized and all outcries of persons who have victimized him. Treatment focus changes somewhat from a more concrete, historical focus to a more emotional and empathy building focus.

❖ **Description of Phase IV:**

- The transition phase of the program combines the expectations of the application



Attachment B

phase with an emphasis on a safe transition back to his community. The resident continues to build on understanding empathy and his own behavioral patterns, and is introduced to how his understanding of these issues relates to success and relapse prevention. Plans, clarifications and contracts are utilized to position the resident to be as prepared for life outside of structured treatment as possible.

Category of Service:	Duration of Service:
<input checked="" type="checkbox"/> Individual →	<input checked="" type="checkbox"/> 1 session/week for 1 hour(s) for 12 months weeks
<input checked="" type="checkbox"/> Group →	<input checked="" type="checkbox"/> 8 session/month for 1 hour(s) for 12 months
<input checked="" type="checkbox"/> Family →	<input checked="" type="checkbox"/> Other: 1 session/month for 1 hour for 12 months

Treatment Provider Name: John Joslin, Marty Litchfield, Aveliah Funderburk, Frank Darby, Chris Wilcox, Janis Dietzel, Dana Borremans, Kelly Gilleland, Chris Hazel

☒ Contractor Employee

☐ Subcontractor

TJJD Approver Typed Name:

TJJD Approval Date:

7/10/17

X Kimble Newsom

Kimble Newsom, TJJD  
Youth Services Contracts Manager



## **LAKOTA PROGRAM**

### **PARENT / CHILD PROGRAM HANDBOOK**

# PHOENIX PROGRAM



MASTER THERAPY  
PACKET  
Pegasus Schools Incorporated

RESIDENTIAL TREATMENT CENTER

PHOENIX PROGRAM

ADOLESCENTS WITH  
SEXUAL BEHAVIOR PROBLEMS

PARENT / CHILD  
PROGRAM HANDBOOK

*Pegasus Schools, Inc. is a non-profit organization which provides residential treatment services for child and adolescent males between the ages of 10 to 17 years old. These services are paid for through contracts with Texas Department of Family and Protective Services (DFPS), contracts*



## *Statement of Work Narrative/Program Components*

Service Provider certifies by his/her signature that all information in the SOW is complete and accurate and that the services described will be adhered to for the extent of the contract, unless amended with the agreement of both parties; and that he/she has full authority to sign and submit the Statement of Work Narrative/Program Components and Budget.

Service Provider:

A handwritten signature in black ink, appearing to be "J. B. L.", written over a horizontal line.

6/8/17

Signature and Date

Approved by Youth Services Contracts Manager:

A handwritten signature in black ink, appearing to be "P. Meunson", written over a horizontal line.

7/10/17

Signature and Date